PTO/SB/17 (10-08)

Approved for use through 05/30/2010. OMB 0551-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	uired to res	espond to a collection of information unless it displays a valid OMB control number  Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num		0/565.218		Conf. No.: 9791	
FEE TRANSMITTAL				Filing Date		December 06, 2006			
For FY 2009							a Jane CHALMERS		
101112003						B. LIPMAN	PMAN		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1796			
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket		0446-0185PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR									
	FILING	FEES Small Entity	SEARC	Small Entity	EXAM	MINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (	\$) Fee		Fees Paid (\$)	
Utility	330	165	540	270	220	11	0		
Design	220	110	100	50	140	7	0		
Plant	220	110	330	165	170	8	5		
Reissue	330	165	540	270	650	32	5		
Provisional	220	110	0	0	0		0		
								Small Entity	
Fee Description Each claim over 20 (including Reissues)							52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  46 -20 or HP = 0 x = 0.00							Multiple Dependent Claims		
HP = highest number of total of	daims paid fo	x X	=	.00		E	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Clair			Paid (\$)					
2 - 3 or HP = 0 x = 0.00  HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round <b>up</b> to a whole number) x = 0.00									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge): One-Month Extension of Time Fee 130.00									
SUBMITTED BY									
Signature Registration No. 21,066 Telephone 703-205-8000									

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Name (Pkot 1046) Asymfond C. Stewart

This collectifd of Information is required by 37 CFR 1,138. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to phress) an application. Confidentiality is governed by 35 U.S.C. 12 2nd 37 CFR 1,14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for rectificing this turrier, should be sent to the Child Information Office. U.S. Peterni and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandrie, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMISTO THIS ADDRESS. SEND 170. Commissionner for Patients, P.O. Box 1459, Alexandrie, VA 22313-4450,